



James J. Campbell
Commissioner

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 WASHINGTON STREET, 7TH FLOOR
BOSTON, MA 02111**

CIRCULAR LETTER NO. 301

TO: ALL INTERESTED PARTIES

FROM: JAMES J. CAMPBELL, COMMISSIONER

RE: AMENDMENTS TO TREATMENT GUIDELINES FOR APPROPRIATE AND
NECESSARY TREATMENT BASED UPON DIAGNOSIS OF INJURY AND
ILLNESS:

**NO. 1 CARPAL TUNNEL SYNDROME -
(CONSERVATIVE NON-OPERATIVE TREATMENT)**

**NO. 2 CARPAL TUNNEL RELEASE -
(SURGICAL)**

**NO. 20 DIAGNOSIS AND TREATMENT OF NECK AND BACK
(SPINAL) INJURIES
(CONSERVATIVE OUTPATIENT TREATMENT -
UP TO 6 WEEKS FROM DATE OF INJURY)**

**NO. 21 DIAGNOSIS AND TREATMENT OF NECK AND BACK
(SPINAL) INJURIES
(CONSERVATIVE OUTPATIENT TREATMENT -
FROM 7 TO 12 WEEKS FROM DATE OF INJURY)**

DATE: OCTOBER 27, 1999

Please be advised that amendments to four Treatment Guidelines relating to appropriate and necessary treatment based on diagnosis and illness for use by health care providers in the treatment of injuries and illnesses pursuant to the provisions of M.G.L. c. 152, section 13, as amended by St. 1991 c. 398, section 34, have been endorsed by the Health Care Services Board and adopted by the Commissioner of the Department of Industrial Accidents. For each amended Treatment Guideline, the department has also revised the Review Criteria to be applied to said Treatment Guidelines. The Commissioner of the Department has adopted amendments to the following:

(over)

Guideline Number 1	Carpal Tunnel Syndrome - (Conservative Non-Operative Treatment)
Guideline Number 2	Carpal Tunnel Release - (Surgical)
Guideline Number 20	Diagnosis and Treatment of Neck and Back (Spinal) Injuries - (Conservative Outpatient Treatment - Up to 6 Weeks from Date of Injury)
Guideline Number 21	Diagnosis and Treatment of Neck and Back (Spinal) Injuries - (Conservative Outpatient Treatment - From 7 to 12 Weeks from Date of Injury)

Pursuant to 452 CMR 6.00 *et seq.*, the amendments to Treatment Guidelines Nos. 1, 2, 20 and 21, and their respective Review Criteria shall be effective December 1, 1999, and shall apply to all claims regardless of the date of injury for those health care services rendered on or after December 1, 1999.

Copies are currently available from the Department's Public Information Office. Any and all further amendments to the Treatment Guidelines and Review Criteria will be periodically published and made available from the Public Information Office.

Please note that due to a clerical error, a circular letter assigned number 299 was not issued. All further circular letters will follow numerical sequence.